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TITLE: Prostate Cancer Genetics in African Americans

PRINCIPAL INVESTIGATOR: Henry T. Lynch, M.D.

CONTRACTING ORGANIZATION: Creighton University

Omaha, NE 68178

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### Introduction

Our intent has been to identify African American males diagnosed with prostate cancer between the ages of 40 and 75 and to enter them along with their at risk relatives into a program of cancer education, cancer screening, and early intervention to reduce disparities in prostate cancer incidence and mortality rates in the African American community in Nebraska and Mississippi. Family history of prostate and other cancers is being recorded with the purpose of identifying any hereditary prostate cancer syndrome. In addition, social and behavioral determinants are collected and recorded during the interview process for the final analysis. This will be possible through the recruitment of a total of 800 African Americans who have been diagnosed with prostate cancer, through recruitment activities and screenings in Omaha, Nebraska, and Jackson, Mississippi.

### Body

### Task 1: Participant Identification and Access (Years 1 and 2)

At Creighton University, recruitment of subjects has been ongoing through cooperation with local urologists (see letter in appendix) as well as through promotion to the community by study personnel's appearance on two local television programs that target the African American community, Real Talk and Healthy Choices on Omaha CTI22; attendance at local health fair; publication of an article about the study in *Omaha Star* newspaper serving the Omaha African American community; an announcement of the study emailed to all online subscribers of the *Omaha World Herald* newspaper; an advertisement on the study emailed to all Creighton University physicians in their monthly School of Medicine newsletter; creation of a billboard to be displayed in a key location throughout September 2012; compilation of lists of church leaders and secretaries and neighborhood watch leaders received an email or written study invitations to share with their communities; and additional urologists have been identified at both study sites to increase recruitment efforts. (see appendix for material used for these recruitment efforts).

On-hundred and twelve participants have been identified at Creighton who meet the eligibility criteria. Twenty-four of these participants have been interviewed and data collected from the interviews has been entered into the study-specific database according to protocol. DNA has been collected and stored according to protocol for those eligible participants who have agreed. The remaining potential participants have received a letter introducing the study and informing them that the project coordinator will be contacting them regarding participation.

Project year 2 was utilized to recruit participants, train JSU research assistants whose positions as students necessitate changing their status. Overall, 33 participants were interviewed, of which 20 provided blood samples. Agreement by potential participants to participate dropped with recruitment of more participants. The recruitment pool has been upgraded to 560 from 255 and work is in full swing now, to enhance productivity and sample size yield. Urologists continue to inform patients of the study.

### Task 2: Data Collection and Management (Years 1 through 2.5)

The study-specific database has been constructed, including onscreen instructions for its use (see appendix for representative screenshots). As stated above, data collection is ongoing at Creighton and Jackson State University.

The database variables on social and behavioral determinants and risk exposure pathways suggested by the community partners were added to the database with appropriate quality controls incorporated into the program.

Work continues on the completion of the database manual.

### Task 3. Prostate Cancer Prevention and Health Education and Referral (Years 1.5-3)

Screening interviews are ongoing at both study sites, with participants positive for prostate cancer family history being identified and receiving appropriate education, genetic counseling, and/or referral. During each interview the research coordinator identifies at risk family members and encourages the participant to discuss their risk with them as well as our screening recommendations. The participant can also ask the family member to call the research coordinator directly to discuss their risk and the recommendations. The Jackson State University team developed and gave a presentation to a prostate cancer support group at their meeting on July 19, 2011. This presentation has been shared with the Creighton University Community Engagement Team. The CU project coordinator has attended two health fairs in the community to provide awareness of prostate cancer and recruitment material for the study.

### Challenges

However, in the drive to recruit participants, an oversight error occurred in which there was a lapse in IRB approval and five participants were erroneously interviewed. Also, erroneously, a message was sent to the DOD that no participant recruitment took place. Based on communication with Creighton University partners indicating that there were 2 participants on their records interviewed between May 6th 2013 and July 22nd 2013, the JSU team instituted a review of activities and an additional three participants were discovered to have been interviewed outside the IRB approval coverage period. While the review was ongoing, the following actions were also taken:

- 1. JSU and Creighton University IRB were informed and JSU IRB requested for the report on activities review when ready.
- 2. All research staff underwent CITI training in responsible conduct of research
- 3. A letter was written to the DOD detailing the errors and the JSU co-PI spoke with the DOD IRB contact on the telephone to explain the discrepancy. The team was asked to send the report with the determination of the JSU IRB when ready.
- 4. Steps were taken to prevent any other occurrence in the future.

### **Key Research Accomplishments**

- Recruitment and training of study personnel: research project coordinators at both sites as well as two graduate students at Jackson State University.
- Development of a study specific Access database with embedded quality control measures that is used at both research sites.
- A collaborative meeting between the two research groups completed in year one.
- Subject recruitment measurements implemented through television, newspaper, community events, prostate
  cancer support groups, billboards and emails to community and church leaders, local urologists and all active
  physicians in the area.
- Identification of 112 eligible participants wherein 24 were interviewed at Creighton University. Their data has been entered into the database and DNA samples have been collected and stored on 6 participants who were eligible and volunteered to donate the sample. Five-hundred and sixty subjects have been identified at Jackson State University wherein 33 participants have been interviewed to date. Recruitment efforts are ongoing for the remaining.
- Prostate cancer prevention and health education occurring at each interview as well as during each television broadcast regarding the study. Jackson State University also provided an educational presentation to a prostate cancer support group.

### Reportable Outcomes

Sarah Buxbaum, PhD Genetic Biostatistician has completed an analysis on the pedigrees generated to date.

Family data was coded in LINKAGE format for analysis. Then, the pedinfo program in the software package S.A.G.E. was used to generate the following statistics (all data reported here was covered by IRB approval):

### Creighton University:

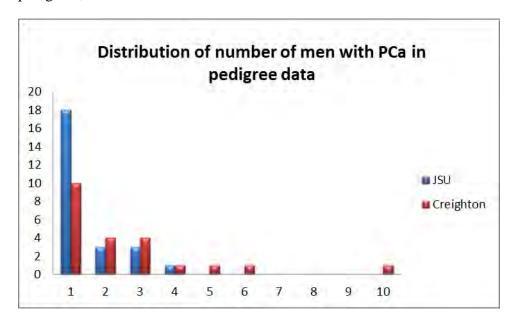
Of the families with LINKAGE coding, there are 22 pedigrees with number of family members ranging from 19 to 64, with mean size 38.45 (sd = 14.42). The families have a total of 189 sibships with mean size 3.3 (sd = 2.56). 55 men in these families have prostate cancer.

One family (family ID 5877) with 59 members has 10 men affected with prostate cancer.

Among the concordantly affected pairs there are 15 father-son pairs, 36 brother-brother pairs (of these, 24 are in family 5877), 1 grandfather-grandson pair, 29 uncle-nephew pairs, and 7 cousin pairs.

25 families with size ranging from 9 to 132, with a mean size of 57 members with a standard deviation of 30. There were 313 sibships with mean size 3.4 (+/- 2.4) with a maximum number of siblings in a sibship of 17. A total of 37 men were affected with prostate cancer. Among those affected, there were 8 parent-offspring pairs, 5 sib-pairs, 1 grandparent-grandchild pair, and 4 avuncular pairs.

In the Creighton sample, the affection status of brothers has a positive correlation of 34%. This is largely driven by family number 5877, without which the correlation drops to 10%, similar to what was seen in the JSU pedigrees, 6.5%.



### Conclusion

To date, between the two study sites we have identified 672 eligible participants for the study through local urologists and community recruitment. Fifty-five individuals have been interviewed with data entered and blood samples stored for the study. Multiple recruitment measures continue to be implemented to increase recruitment numbers and raise interest in the communities. Current recruitment measures will continue while additional avenues of recruitment will be explored with Creighton's Public Relations department. Ascertainment of eligible participants will be of utmost priority at both sites during the first quarter of Year 3. As an exemplar, one family has six cases of prostate cancer: the proband, two of his brothers, his father and two maternal uncles. Please refer to the Family A pedigree in the Appendix. Educational and early screening measures were discussed with the participant during the interview. The proband's son as well as his nephews were encouraged to begin their prostate cancer screening at age 45 rather than waiting until age 50. The findings of this study will have a significant impact on high risk individuals in families such as this one as well as the knowledge of familial prostate cancer and the role of early detection and prevention.

In 2010 Whitman et al. and Hooker et al. identified at risk loci specific to prostate cancer in African Americans. These loci may be targets to test in the future on the stored DNA samples from participants in families with familial prostate cancer from this study.

### References

Whitman EJ, Pomerantz M, Chen Y, Chamberlin MM, Furusato B, Gao C, Ali A, Ravindranath L, Dobi A, Sestrehenn IA, McLeod DG, Srivastava S, Freedman M, Petrovics G. Prostate cancer risk allele specific for African descent associates with pathologic stage at prostatectomy. *Cancer Epidmiol Biomarkers Prev* 2010;19:1-8.

Hooker S, Hernandez W, Chen H, Robbins C, Torres JB, Ahaghotu C, Carpten J, Kittles RA. Replication of prostate cancer risk loci on 8q24, 11q13, 17q12, 19q33, and Xp11 in African Americans. *Prostate* 2010;70:270-275.

# **Appendices**

See Ó^|[ ¸





**Hereditary Cancer Center** 

June 14, 2012

Bruce Lundak, M.D.
President, Urological Society of Nebraska
Bergan Mercy Professional Center
7710 Mercy Road, Suite 406
Omaha, Nebraska 68124-2346

Dear Dr. Lundak:

Creighton University's School of Medicine (Department of Preventive Medicine and Public Health and the Center for Promoting Health & Health Equality), in collaboration with Jackson State University, Jackson, Mississippi, has been awarded a grant by the Department of Defense to study the genetics of prostate cancer (PC) among African Americans (AAs).

Our primary objective is to identify familial and/or hereditary patterns of PC's occurrence in AAs. Attention will be given to cancer of all anatomic sites within the family of each index case, as ongoing research at Creighton has shown that virtually all forms of hereditary cancer involve multiple anatomic sites wherein the pattern of these cancers' occurrence can be used beneficially for hereditary cancer syndrome diagnosis leading to targeted screening regimens.

We believe that the familial/hereditary predisposition of PC among AAs may differ strikingly from Caucasians given the fact that AAs have a more than two-fold increased lifetime risk for PC and their response to conventional management is also less effective. In addition to garnering a better understanding of PC's etiology among AAs, we believe that this knowledge will prove useful for screening and management.

We would greatly appreciate your help in this project. Please let us know if we can be of help in getting the word out to the members of the Urological Society of Nebraska, as we need to recruit 300 AAs with PC for the study. We would welcome any opportunity available for us to present the study to the members at a society meeting.

Attached is a summary of study needs as a document that may be distributed for patient referral.

Sincerely,

Henry/T. Lynch, M.D. Principle Investigator Professor of Medicine & Chairman of Dept. of

Preventive Medicine &

Public Health

Paulos Yohannes, M.D. Clinical Professor of Surgery

CEO Urorobotics, PC

Sade Kosoko-Lasaki, M.D.

Co-Investigator

Assoc. VP Health Science Professor of Surgery & Preventive Medicine & Public

Health

Attachment

cc: Euclid De Souza, M.D.

**Summary of Need for Creighton University Prostate Cancer Study** 

Purpose: To describe the patterns of cancer occurrences and epidemiologic factors in African-

American families that have demonstrated an increased amount of prostate cancer.

> Subject criteria: African-American male diagnosed with prostate cancer between the

ages of 40-75 years.

Recruitment need: 300 subjects within the first two years of the grant (August 2011 –

August 2013).

Participation includes:

Completion of a family history questionnaire;

Completion of an epidemiologic questionnaire;

For those who have another family member with prostate cancer, drawing

of blood and storage of a blood-derived DNA sample.

All data and DNA samples will be stored in Creighton University's Hereditary Cancer

Center secure registry and bio-repository.

None of the candidate subjects will be contacted regarding the study without their or

their physician's permission.

Once a candidate subject has agreed to be contacted for the study, his name and

telephone number can be provided to our project coordinator, Carrie Snyder, MSN, RN,

APNG. Ms. Snyder will then contact the individual, explain the study, and obtain

informed consent for those who agree to participate. Contact information is as follows:

Carrie Snyder, MSN, RN, APNG

Telephone: 402-280-2634

Fax: 402-280-1734

Email: csnyder@creighton.edu

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# African American Men and Prostate Cancer

African-American men are twice as likely to get prostate cancer — and twice as likely to die from it — as are Caucasians. African ancestry (having ancestors from Africa south of the Sahara Desert) by itself puts black men at high risk for getting prostate cancer. Because it's not known why this is so, Creighton University research may help to find a piece of the puzzle.

Creighton University researchers would like to talk to 300 African American men from the Omaha area who were told by their doctors that they had prostate cancer when they were between the ages of 40 and 75. They want to talk to men who have relatives with prostate cancer as well as those who don't.

Why do the researchers want to involve men with prostate cancer running in their families and those who don't? Because they want to compare the two groups and see if there is a difference between prostate cancer that runs in families and prostate cancer that doesn't. Having more than one close relative who has had prostate cancer also puts a man at higher risk, and the more relatives who have had this disease the higher the risk. Men who have a father or brother with prostate cancer are twice as likely to develop it as men with no relatives affected.

Besides the questions the research is trying to

answer, the study is important to the community because men with African ancestry and those with prostate cancer running in their families need to know about their high risk for prostate cancer and should be screened for it more often and earlier than other men. Screening can detect the cancer while it is still early enough to cure. In addition, for men in the study who already have prostate cancer, the information they will receive through the study can help them, their close relatives, the community and their doctors decide on the best plan for screening.

Each man participating in the study will be interviewed about personal and family health history and other known risks related to prostate cancer. Family histories will be collected; research participants will learn the meaning of their own family histories and will be given information about screening and other research studies.

The funds for this study have been awarded by the Department of Defense. The same research is being done in partnership with researchers at Jackson State University in Jackson, Mississippi, a Historically Black University. Most of the African Americans in Omaha have family in Mississippi.

The study has been approved by the Creighton

and Jackson State's Institutional Review Boards (IRB) and this ensures that the program is safe, sound and beneficial. Everything about the study will be strictly confidential, and personal information will be kept securely private. Anyone may decline participation in this study at any time with no penalty, even after the study has started.

Any African-American man who has had prostate cancer between the ages of 40 and 75 is invited to contact Creighton's Department of Preventive Medicine and Public Health to find out how to become part of the study. Please phone Carrie Snyder at 402.280.2942 or email her at csnyder@creighton.edu. If you'd like to speak with a study doctor, she can put you in touch with them.

Creighton researchers plan to share the results of the research with members of the African American community after the study is over. We greatly appreciate those who can help in this research study on prostate cancer in African-American men.

Henry T. Lynch, M.D.
Sade Kosoko-Lasaki, M.D.
Paulos Yohannes, M.D.
Carrie Snyder, M.S.N., R.N., A.P.N.G.



# Recruiting:

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Call... 402.280.2942

for more information.



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http://www.creighton.edu/PublicRelations.html

FOR MORE INFORMATION:

N. Kathryn Clark (402) 280-2864 Kathryn Clark@creighton.edu

Creighton Study to Look at Hereditary Prostate Cancer in African Americans
For Immediate Release: Aug. 18, 2011

OMAHA, Neb. – Creighton University's Hereditary Cancer Center, has received a three-year, \$731,278 grant from the U.S. Department of Defense to study the role heredity plays in prostate cancer among African Americans.

"Prostate cancer is the leading cause of cancer death among men in the United States,. African American men have two times the occurrence of prostate cancer as do Caucasian men and suffer a significantly higher mortality as well," said Henry Lynch, M.D., principal investigator and Creighton Hereditary Cancer Center director.

While it's estimated that about 10 percent of all prostate cancers have a hereditary link, the problem has been understudied in African Americans. With few exceptions, relatively little is known about the role genetics play in this population, noted Lynch, the Charles F. and Mary C. Heider Endowed Chair in Cancer Research.

The study will focus on identifying the hereditary factors of the disease that are specific to African Americans. The goal is to develop early and intensive screening and prevention management strategies that will decrease African Americans' incidence of as well as death rate from hereditary prostate cancer, he said.

Jackson State University in Mississippi is collaborating in the study. The goal is to involve 300 African American prostate cancer patients from the Omaha area and about 500 from Jackson, Miss., in the effort.

The research team includes members of Creighton's Hereditary Cancer Center;
Olúgbémiga Ekúndayò, M.D., associate professor of epidemiology at Jackson State University,

and his staff; Sade Kosoko-Lasaki, M. D., associate vice president of Health Sciences Multicultural and Community Affairs and co-director of Creighton's Center for Promoting Health and Health Equality; and Paulos Yohannes, M. D., Creighton assistant clinical professor of surgery.

If you are an African American who has been diagnosed with prostate cancer, and are interested in participating in the study, contact Carrie Snyder, cancer genetics nurse specialist, at 402.280.2634 or e-mail <a href="mailto:csnyder@creighton.edu">csnyder@creighton.edu</a> and include "prostate cancer study" in the subject line.

To learn more about the work of Creighton's Hereditary Cancer Center, visit http://medicine.creighton.edu/HCC.

###

About Creighton University: Creighton University, a Catholic, Jesuit institution located in Omaha, Neb., enrolls more than 4,100 undergraduate and 3,200 professional school and graduate students. Nationally recognized for providing a balanced educational experience, the University offers a rigorous academic agenda with a broad range of disciplines, providing undergraduate, graduate and professional degree programs that emphasize educating the whole person: academically, socially and spiritually. Creighton has been a top-ranked Midwestern university in the college edition of U.S. News & World Report magazine for more than 20 years. For more information, visit our website at: www.creighton.edu.



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## Heredity, prostate cancer to be studied

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The study will focus on identifying the hereditary factors of the disease that are specific to African-Americans. The goal is to develop early and intensive screening and prevention- management strategies, Lynch said.

Jackson State University in Mississippi is collaborating in the study. The goal is to involve 300 African-American prostate cancer patients from the Omaha area and about 500 from Jackson, Miss.

if you are a black man who has been diagnosed with prostate cancer and are interested in participating in the study, contact Carrie Snyder at 402-280-2634 or email csnyder@creighton.edu and include "prostate cancer study" in the subject line.

Contact the writer: 402-444-1109, bob.glissmann@owh.com

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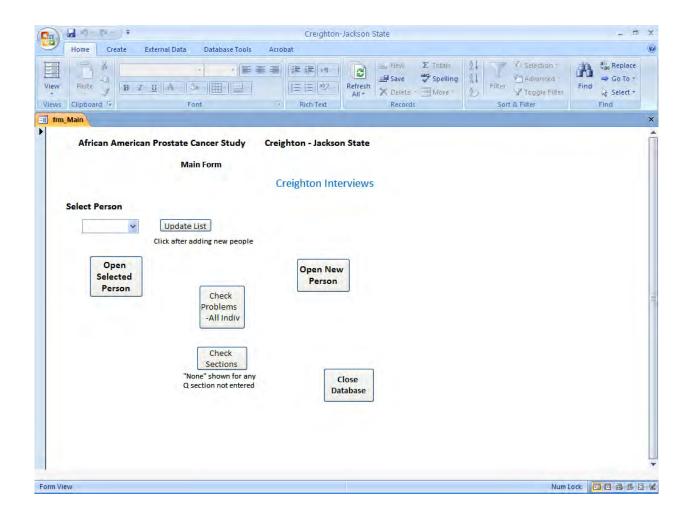
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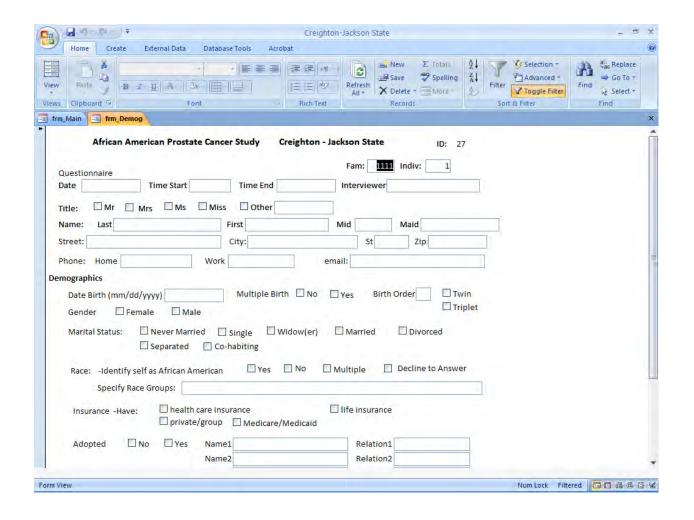
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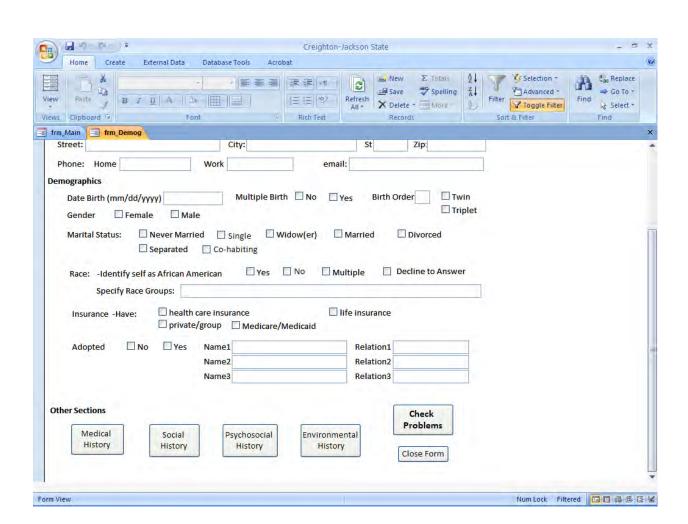
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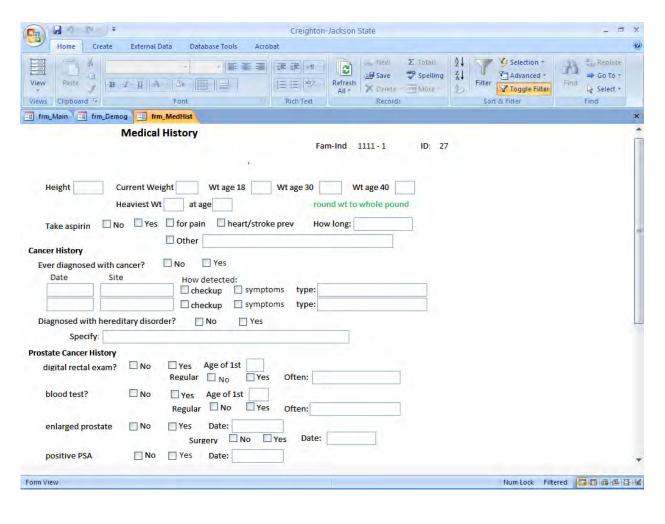
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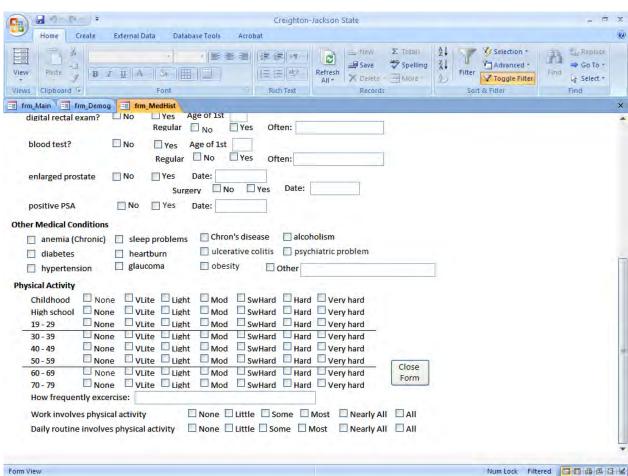
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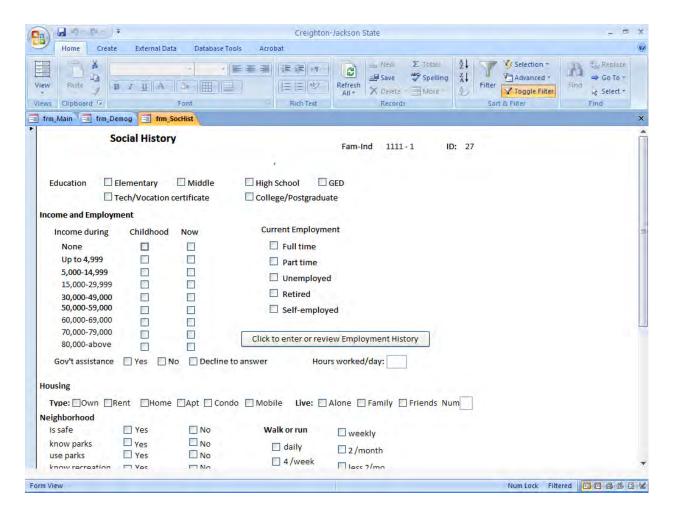


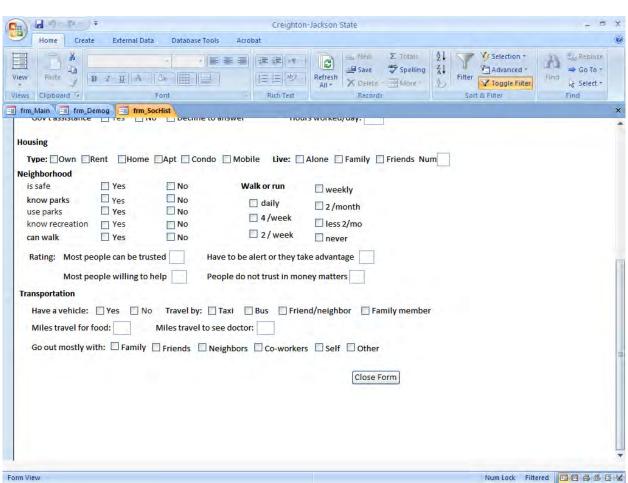




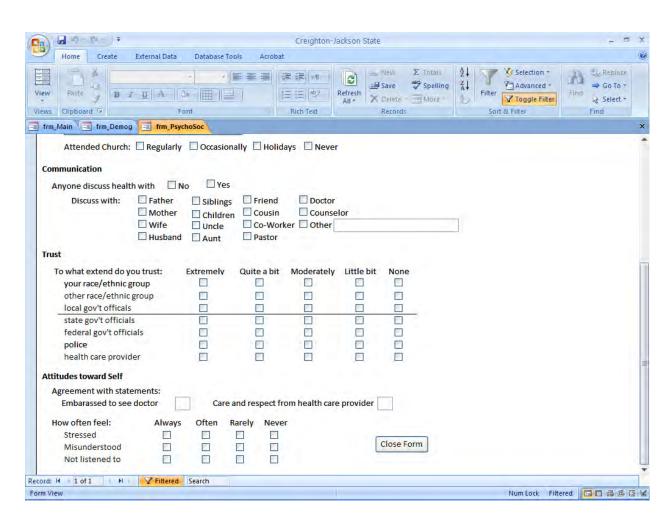


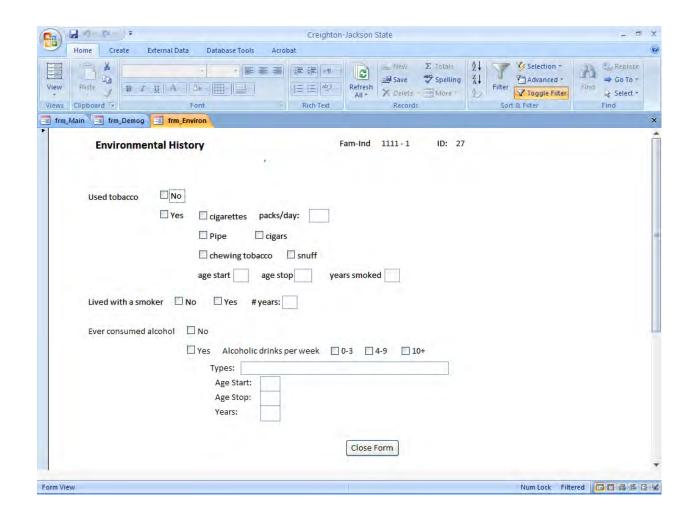






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Ps	ychosocial History	7	Fam-Ind 1111 - 1	ID; 27		
Childhood						
Grew up with:	Nother Father Grand	Parent Aunt/Uncle	☐ Cousin ☐ Adopt	ted		
		Other				
Lived in: Big city	☐ Small city ☐ Small town	Suburb Rural	Farm			
☐ Central	oants Delta Souther  MS Southwest  nts North Omaha S	Other		Northwest MS		
Click to Ente	r or Review Places Lived					
Attended Church	Regularly Occasion	ally Li Holidays Li Nev	ei			
Communication						
Anyone discuss healt	th with No Yes					
Discuss with:	Father Siblings  Mother Children  Wife Uncle  Husband Aunt	Friend Doct Cousin Cour Co-Worker Othe Pastor	selor			
Trust						
To what extend do y	ou trust: Extremely	Quite a bit Moderate	ly Little bit None	e		
TO WHAT EXTERIO GO V	Company of the Compan					
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### African American Prostate Cancer Study Creighton - Jackson State Questionnaire Database Notes

### Overview

Two identical Microsoft Access databases are used to record questionnaire responses. One, located in Omaha and named Prostate\_CU, is used for Creighton managed interviews. The other, located in Jackson and named Prostate\_JSU, is used for Jackson State managed interviews. They are designed to run with the 2007 version of MS Access.

Each database has a main screen plus a screen for each section of the questionnaire. The section screens (Demographics, Medical, Social, etc.) roughly mimic the layout of the questionnaire. Each input item has a label that is abbreviated from the question. Two items, employment history and places lived, have a button that opens a screen where multiple responses can be listed. The demographics screen also serves as a control for the person since it contains buttons that open each of the other screens for that individual. The database contains edit checks on the input data. There are buttons that list problems, and message boxes that alert to a probable error. Each person is identified in the database with a Family – Individual number (Fam-Indiv). When a person is first input.

Each person is identified in the database with a Family – Individual number (Fam-Indiv). When a person is first input the database assigns an ID number to the person that is used by the database to coordinate the records for that person. Although the ID is shown on the screens, it can be ignored by someone doing data input. It is assumed there will be only one questionnaire in the database for each individual.

### **Data Input and Navigation**

When the database is opened, the Main Form automatically appears. This form is used for control purposes. There are 2 ways to open the data for a person.

- 1) Use the Open Selected Person button. This goes directly to the data for the individual highlighted in the Select Person drop down box at the upper left of the screen. Click on the down arrow to see a list of Fam-Indiv numbers, then click on the desired person. After selecting the person, click the Open Selected Person button to go to the Demographics screen. To have a complete list in the drop down box, there is an Update List button that must be clicked after new individuals have been added. This method is used to return to a previously entered person for edit or review.
- 2) Use the Open New Person button. This will open a blank Demographics screen. Start by entering the Fam-Indiv numbers, then proceed with the remainder of the data.

The Demographics screen contains the personal and demographic inputs for the individual. It also contains buttons to open the four history sections of the questionnaire. Always use these buttons to open the history forms.

Always close each history form before going to another form. This is important because forms left open can cause data to be linked to the wrong person! Use the Close Form button on each form, because some include edit checks. When a history form is closed, the process returns to the Demographics form, and another history form can be selected.

The Social History form has a button to open the Employment History form. The Psychosocial History form has a button to open the Places Lived form. Multiple items can be entered on these forms. Always close these forms, and use the Close Form button to do so.

Much of the input is to check boxes. Use the mouse to check the box corresponding to the answer checked on the questionnaire. Some of the forms have date inputs, and a small calendar appears to the right when the input is selected. The format is mm/dd/yyyy, and it may be easier to type the date than to scroll the calendar. Exceptions are the employment history and places lived, which are free-form entry text boxes. The tab order on the forms often skips the check boxes. When using the tab key, it is possible to tab past the current form which opens a new form. This should be avoided, and a red warning to close the form will appear below the Close Form button.

The Demographics screen also has a Check Problems button which runs a query listing any input problems found for the person. The query is closed by clicking the x to the right of the qProblems tab. Use the Close Form button on the Demographics form to return to the main form.

The Main Form has a Check Problems –All Indiv button which runs a query listing input problems found by the edit checks for all persons in the database. More on these edits in the Edit Checks section below. The query is closed by

clicking the x to the right of the qProblems tab. The Check Sections button runs a query that reports, for any person entered in the Demographics section, any history sections which have no data entered. In this case "None" will appear under the section name. The query is closed by clicking the x to the right of the qCheckSections tab. The form also has a Close Database button, used to exit the database.

### **Edit Checks**

Many of the questions have edit checks. These cause message boxes to appear stating the problem. Clicking OK closes the message, but the input person needs to fix the problem or it will remain in the saved data. A common check is conflicting answers, e.g. both Yes and No, Male and Female, Twin and Triplet, Light and Hard, None and All. Checks where only one should be selected are included, e.g. Title, Marital Status, Income level, Housing Type. Ratings must be 1 through 5. Questions with additional information if Yes may show a message if No is checked and the Yes information is entered. If the weight at any age is more than Heaviest Wt, a message will appear.

These edits also appear on the lists from the Check Problems buttons if not resolved before the button is clicked. Additional checks on the lists are for questions that are not answered. The lists can be printed for follow-up.

### **Database Structure**

Each form (except frm\_Main) has a table to hold data for that form. The demographics table (tbl\_Demogr) has field "ID" which is an autonumber, meaning the database automatically creates the ID when data is first entered for a person on the demographics form. All other tables contain the ID field, which is the link to the person's identity in the demographics table (including the Fam-Indiv number). Each table has its' own sysid field, which is an autonumber that provides a unique identifier for that record. Table ErrorList is a temporary table for holding the results from the Check Problems buttons, driven by VBA code in module ErrorFind. Each form has VBA code for navigation and error checking purposes, often using Click and AfterUpdate methods.

Creighton University School of Medicine Department of Preventive Medicine and Hereditary Cancer Center 2500 California Plaza Omaha, Nebraska 68178 Jackson State University School of Health Sciences 350 West Woodrow Wilson Drive Jackson Medical Mall, Room 231 Jackson, Mississippi 39213

Date	Interviewer:	JSU#
Time S	Started:	CU#
	SECTION 1: DEMOGRAPHICS and PERSONAL INFORMA	ATION
D.1.	Title □ Mr. □ Mrs. □ Ms. □ Miss □ Other	_
D.2.	Name:	
	Last First Middle	Maiden
	Street City State	Zip
<b>D.3</b>	Home/Cell Phone: D.4. Work Phone:	
D.5.	E-mail Address:	
1.1	Birth Date: 1.2 Part of a multiple birth? ☐ No	□ V <sub>20</sub>
1.1	(MMDDYYYY)	(birth order)
1.3.	<b>Gender:</b> Female □ Male □	☐ Twin ☐ Triplet
1.4.	Marital Status:   Nover Married  Single  Widow(er)  Married	d   Divorced
1.4.	Marital Status: ☐ Never Married ☐ Single ☐ Widow(er) ☐ Marrie ☐ Separated ☐ Co-habiting	d Divorced
1.5.	Race: Do you identify yourself as being African American?	
	☐ Yes ☐ No ☐ Multiple ☐ Decline to Answer	
	Please specify all racial groups you identify with by blood	
1.6.	<b>Do you have:</b> ☐ health care insurance? 1.7. ☐ I ☐ private/group ☐ Medicare/Medicaid	life insurance?
1.7		
1.7.	Are you or other relatives adopted?  ☐ No ☐ Yes → Name: Relation	ship:
		ship:
	SECTION 2: MEDICAL HISTORY	
2.1	a. Height in feet and inches Current Weight in lbs	
	Wt. at age 18 Wt. at age 30 Wt. at age 40 Heaviest Wt at age	
	b. Do you take aspirin or an aspirin substitute daily or every other daily	av?□ No □ Yes
	If yes, $\Box$ for pain? $\Box$ for heart/stroke prevention? $\Box$ Other	
	How long?	•
	(years and months)	
2.2	Cancer History	
<b>4.4</b>	a. Have you ever been diagnosed with cancer?	

 $\square$  No  $\square$  Yes  $\rightarrow$  Please list date(s) of diagnosis, original site(s)/type(s) of cancer (such as

colon cancer, leukemia, breast cancer), and how the cancer was detected.

	b.	Have you	or one	of your relat	ives be	en diagnos	sed w	vith a <b>here</b> c	ditary disorder?	
		□ No	(	$\supset$ Yes $\rightarrow$ p	olease s	pecify				<u>—</u>
2.3	Prost	ate Cancer	Histor	v						
_,				following sc	reening	gs:				
		a. digita	l rectal	exam?		No		$Yes \rightarrow$	age of first?	
		on a re	egular b	asis?		No		$Yes \rightarrow$	How often?	
		b. <b>blood</b> t	test for	prostate car	ncer (P	SA-prostat	te sp	ecific antig	gen)?	
						No		$Yes \rightarrow$	age of first? _	
		on a	regular	basis?		No		$Yes \rightarrow$	How often?	
	Have	you ever ha	d:							
		a. <b>an enla</b>		rostate?		No		Yes;	Date:	
		if yes,	did you	ı have surger	y? □	No		Yes	Date:	
		b. a posit	ive PSA	A level?		No		Yes;	Date:	
		☐ diabete ☐ hypert ☐ sleep p ☐ heartbe ☐ glauco	ension ( problem urn (GE		oressure	e)		ulcerative obesity alcoholism psychiatric Other:	1	
2.5	Physi	cal Activity	7							
a.	<b>J</b>			Very light	Light	Moderate	e So	mewhat ha	ard Hard Very	hard
	Child									
	High : 19-29	school								
	30-39									
	40-49									
	50-59									
	60-69 70-79									
1.				. 1						
b.	Curre	nuy now fre	quentiy	do you exer	cise?_					
c.	How	much of you  None		involves phy		ctivity? Some		Most	☐ Nearly all	□ All
d.	How			routine invol	_	-	-		■ Manulos - 11	<b>-</b> 411
		□ None	Į	→ A little		Some		Most	Nearly all	$\square$ All

**How detected** 

due to symptoms; type of symptoms (please write)

Date

Site

during check-up

	SECTION	ON 3: S	OCIAL HISTOR	Y			
3.1:	Highest level ☐ Elementary of education ☐ Technical/V		☐ Middle School Certificate Degree	_	gh School llege/Postgrad	☐ GED duate	
3.2:	Income and Employment: a. Income during:  Childle  None Up to 4,999 5,000-14,999 15,000-29,999 30,000-49,000 50,000-59,000 60,000-69,000 70,000-79,000 80,000 and above	ood	Now	b. <b>Cur</b>	rent Employ     Full tim     Part tim     Unempl     Retired     Self-em	loyed	
Data	c. Employment History	# of	Even course to	any of the fe	llowin a 2 (ah	a als all that are	
Date Range	Type of work or title	# of years	Asbestos Pai				Lead
3.3.	d. Do you receive government as e. Total hours worked each day:  Housing Type: a. □ Homeowner □ Rer c. I live: □ alone □ with family	 nt b. [	J Home □Apartn			Mobile Hom	
3.4.	Neighborhood:  a. I feel that my neighborhood is b. I know where the parks are in c. I use the parks in my neighbord. I know the recreational organie. My neighborhood has places vf. I walk or run there   Daily   Twice a	my neighb hood. zations in r where I can 4 Tirr	my neighborhood. walk.	☐ Yes Twice/week	S □ No S □ No S □ No		
3.5.	Please rate how much you agree 1= Strongly Agree 2= Agree a. Most people in my neighborho b. In my neighborhood you have c. Most people in my neighborhood d. In my neighborhood people go borrowing money.	3= Neutrod can be to be alert odd are will	ral 4= Disagree trusted. or someone is like ling to help if need	5= Strongly  ly to take adved.	Disagree vantage of you		- - -

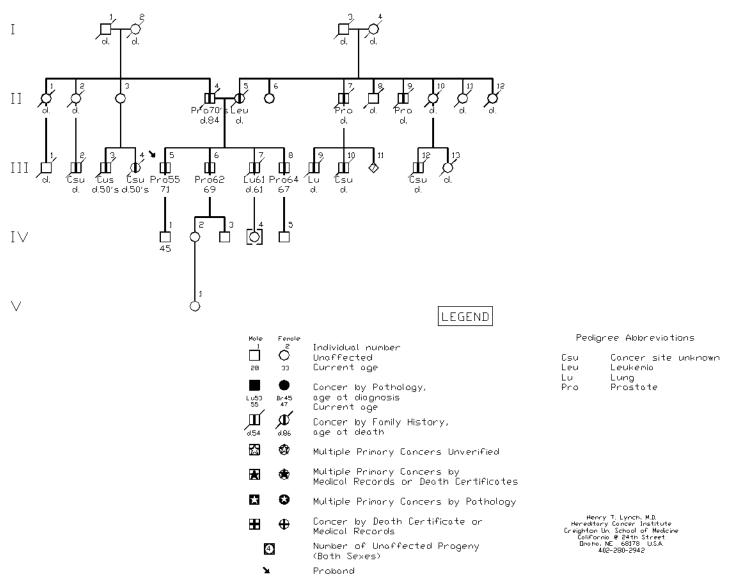
### Ashestos Paints/Solvents   Place (City, State)   # of Years   Place (City, State)   # of Years   Ashestos Paints/Solvents   Benzens   Engine exhaust   Lead Contaminated W   Place (City, State)   # of Years   Ashestos Paints/Solvents   Benzens   Engine exhaust   Lead Contaminated W   Place (Communication, Trust and Attitudes towards Self a. Do you have anyone you discuss your health concerns with?   No   Yes b. If yes, please indicate who. (Please check as many as apply.)   Father   Sibling(s)   Sibling(	3.6.	c. I have to travel d. I have to travel e. When I go out I mo	mile ostly go wi	s to buy foo s to see my th: (check o	doctor. nly one)	☐ friend/i	neighbor Self □ (		y member
a. I grew up in the same household with: (Please check all that apply.)    My mother			SECTIO	N 4: PSY	CHOSOCIA	AL HISTOR	Y		
c. For Mississippi Participants: As a child I lived in:	4.1.	a. I grew up in the sar   My mothe	er	☐ Grand	lparent(s)	☐ Cousin	` '	•	
As a child I lived in:	farm	b. As a child I lived in	n: 🗖 a biş	g city □ a s	mall city 🗖	a small town	□ a suburb	□ a rural a	rea □ a
d. For Nebraska Participants: As a child I lived in:    North Omaha	MS			☐ The D	elta area	□ Northe	ast MS	ſ	☐ Central
Dates Or Ages  Place (City, State) # of Years		As a child I l		☐ Other☐ North	:Omaha	South 0	Omaha	[	٥
f. As a child we attended religious services: regularly cocasionally on holidays never  4.2. Communication, Trust and Attitudes towards Self a. Do you have anyone you discuss your health concerns with? No Yes b. If yes, please indicate who. (Please check as many as apply.) Father Sibling(s) Friend Doctor Mother Children Cousin Counselor		e. Please indicate the	places you	ı have lived	(all participa	nts)			
f. As a child we attended religious services: regularly occasionally on holidays never  4.2. Communication, Trust and Attitudes towards Self a. Do you have anyone you discuss your health concerns with? No Yes b. If yes, please indicate who. (Please check as many as apply.) Father Sibling(s) Friend Doctor Mother Children Cousin Counselor		Place (City, State)							
f. As a child we attended religious services: regularly cocasionally on holidays never  4.2. Communication, Trust and Attitudes towards Self a. Do you have anyone you discuss your health concerns with? No Yes b. If yes, please indicate who. (Please check as many as apply.) Father Sibling(s) Friend Doctor Mother Children Cousin Counselor					٥				
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f. As a child we attended religious services:   regularly occasionally on holidays never  4.2. Communication, Trust and Attitudes towards Self  a. Do you have anyone you discuss your health concerns with?   No Yes  b. If yes, please indicate who. (Please check as many as apply.)  Father Sibling(s) Friend Doctor  Mother Children Cousin Counselor									
f. As a child we attended religious services:   regularly cocasionally on holidays never  4.2. Communication, Trust and Attitudes towards Self  a. Do you have anyone you discuss your health concerns with?   No Yes  b. If yes, please indicate who. (Please check as many as apply.)  Father Sibling(s) Friend Doctor  Mother Children Cousin Counselor									П
4.2. Communication, Trust and Attitudes towards Self  a. Do you have anyone you discuss your health concerns with? ☐ No ☐ Yes  b. If yes, please indicate who. (Please check as many as apply.)  ☐ Father ☐ Sibling(s) ☐ Friend ☐ Doctor  ☐ Mother ☐ Children ☐ Cousin ☐ Counselor				0			٥		
☐ Husband ☐ Aunt ☐ Pastor	4.2.	Communication, Trans. Do you have anyon b. If yes, please indicated Father  Mother  Wife	ust and A te you disc ate who. (I	ttitudes tow cuss your heave Please check pling(s) mildren nacle	vards Self alth concerns as many as a  Fi Co	with? □ No apply.) iend ousin o-Worker	☐ Yes ☐ D	octor ounselor	never

	b. To what extent do you trust the follows							
		Extremely	Quite a bit	Modera	ately A	little bit	None	
	i. People from your race/ethnic group				-	٦		
	ii. People from other race/ethnic groups			Ī	-			
						_	_	
	iii. Local government officials				_	]		
	iv. State government officials				ĺ	]		
	v. Federal government officials				[	<b>J</b>		
	vi. Police				ſ	٦		
	vii. Your health care provider	ī	ī	Ī	_		ī	
	vii. Tour nearm care provider	J	J		L	,		
	c. How much do you agree with the follow	wing stateme	ents with reg	ard to you	ır attitud	es toward	ls yourself	f?
	1= Strongly Agree 2= Agree 3= Neut	ral 4- Dica	gree 5- St	rongly D	icaaroo			
		1 a1 <b>7</b> – D15a	igite 3-5t	Tongry D	isagicc			
	i. I am embarrassed to go see the doctor.						_	
	ii. I feel I am treated with care and respec	t by my heal	th care provi	der(s)			=	
	d. How often do you feel the following:							
				Always	Often	Rarely	Never	
	i. stressed							
	ii. misunderstood							
	iii. not listened to			$\overline{\Box}$			$\overline{\Box}$	
	m. not fistened to							
	SECTION 5: ENV	IRONMEN	TAL HIST	ORY				
5.1.	□ pipe □ cigar	rettes → nurs rs ring tobacco	ker)? □ N				_	
5.2.	<ul> <li>a. Have you ever consumed alcoholic dring.</li> <li>☐ No</li> <li>☐ Yes → how many per week? ☐ 0 what type(s)?</li> <li>b. at what age did you start?</li> </ul>		10+			_		

# THANK YOU FOR YOUR TIME AND CONTRIBUTION!

Time Ended:	Interviewer Initials:
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# Family A



### CONFIDENTIAL MEDICAL REPORT - NOT FOR FURTHER DISCLOSURE